

	STATE OF MINNESOTA DEPARTMENT OF COMMERCE 85 – 7 th PLACE EAST, SUITE 500 ST. PAUL, MINNESOTA 55101 651-539-1599 651-539-0112	FOR DEPT OF COMMERCE USE ONLY	
		<input type="checkbox"/> Approved by _____ Date _____ <input type="checkbox"/> Returned by _____ Date _____ <input type="checkbox"/> Denied by _____ Date _____	
		<input type="checkbox"/> INSURANCE *Not allowed for Appraiser Providers or Courses Current Standard Provider Number _____	<input type="checkbox"/> REAL ESTATE Date Processed _____

IMPORTANT - This form can be used only by an entity that is already a Standard education provider that is (a) currently active and in good standing with the MN Dept. of Commerce; (b) applying for approval as a "Qualified" license continuing education provider; and (c) either a bona fide trade association that staffs and maintains in the state a physical location that contains course and student records for not less than three years, a degree-granting institution of higher learning located within this state, or a private school licensed by the MN Office of higher Education.

QUALIFIED PROVIDER APPLICATION

Provider Name _____ **FEIN** _____
(Mandatory) (Exactly as listed on Standard Provider approval letter.) (Mandatory)

Address _____

To comply with the governing provider laws you must certify that you are one of the following:

<input type="checkbox"/> A degree-granting institution of higher learning located within this state
Address of Minnesota Location _____ _____
Check degree program(s) offered <input type="checkbox"/> Business, with an insurance emphasis <input type="checkbox"/> Real Estate
Must provide supporting documentation to show approval or accreditation by: <input type="checkbox"/> The Commission on Colleges; or <input type="checkbox"/> A regional or national accreditation association; or <input type="checkbox"/> An accrediting agency that is recognized by the U.S. Secretary of Education

<input type="checkbox"/> A private school licensed by the Minnesota Office of Higher Education
_____ License number from the Minnesota Office of Higher Education

<input type="checkbox"/> When conducting courses for its members, a bona fide trade association that staffs and maintains in this state a physical location that contains course and student records and that has done so for not less than three years.
Must provide supporting documentation – Lease or property title _____ Address of Minnesota location _____ _____ Number of years at location

QUALIFIED PROVIDER APPLICATION

Continuing Education Provider - Coordinator Certification and Signature Page:

Provider Name _____

(Mandatory) (Exactly as listed on Standard Provider approval letter.)

As the Qualified Provider:

I understand that all course short form applications must be submitted at least 30 days before the requested initial course offering date.

I understand and guarantee that all required documents and forms listed on the required documents (Appendix A) page of the continuing education short form course application must be complete and available for audit at the time of my submission; that all content of the submissions are auditable as of the submission date.

I understand and guarantee that my courses comply with all applicable license education Minnesota Statutes including but not limited to Minn. Stat. Chapter 45.30 Subd 1. Content. Continuing education consists of approved courses that impart appropriate and related knowledge in the field for which approval is requested; and courses may not include topics that are not permitted for continuing education as set fourth in Minn. Statute Chapter 45.30. Subd. 5.

I understand and guarantee that for distance learning courses (1) If internet, it meets all current MN interactive internet guidelines. (2) If self-study, it meets all current MN guidelines; that it is verifiable and meets current MN acceptable Proctor guidelines.

***I understand that I may only apply for automatic course approval for courses that are not required by federal criteria or a reciprocity agreement to receive a substantive review; that all other courses must be submitted in full as for a Standard Provider.**

I certify that I am the Minnesota Dept. of Commerce approved primary education coordinator for the provider listed above and that I am responsible for compliance with all Minnesota education laws and regulations located in Minn. Stat. 45, Minn. and/or Stat. 60K, Minn. Stat. 72B or Minn. Stat. 82. Furthermore, I declare that the information provided above is true and complete, that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation and that this document has not been changed in any manner from the form adopted by the Commerce Department.

Printed name of MN Primary Coordinator: _____

(Mandatory)

Signature of MN Primary Coordinator: _____

(Mandatory)

Submission Date: _____

(Mandatory)

***Appraiser Only:** Due to Federal regulations, MN must give a substantive review to all appraiser courses so qualified provider & automatic course approval is not allowed.

***Insurance Only:** MN is required to give a substantive review of any course for a MN resident insurance provider or for any course submitted by a non-resident insurance provider who does not have the course in question approved in their home state (or designated home state). Any course given automatic course approval is not allowed to be used for reciprocal application in another state. The course "must" be reapplied for "as new" and receive "substantive reviewed approval" in order to apply in another state for insurance reciprocal approval. *** Automatic approval can not be given to MN Required Courses: Flood, LTC/MA/PT, & Ethics.

***Real Estate Only:** MN is required to give a substantive review to any course requesting Fair Housing or Agency Law credit or any future "modular" course assignment.